UTILITY PATENT APPLICATION ATTORNEY DOCKET 86282WRZ TRANSMITTAL UNDER 37 CFR 1.53(b) Customer No. 01333 Mail Stop Patent Application Express Mail Label No. Commissioner for Patents P.O. Box 1450 EV293511778 US Alexandria, VA 22313-1450 Date: LIQUID DROP EMITTER WITH SPLIT THERMO-MECHANICAL ACTUATOR First Named Inventor (or Application Identifier): Antonio Cabal, et al Enclosed are: X Specification Assignment of the invention to Eastman Kodak Company 2 Sheet(s) of drawing(s) Certified copy of a priority 3. Information Disclosure Statement Under 37 CFR Associate Power of Attorney 4. Combined Declaration for Patent Application and Power of Attorney: 4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) Incorporation by Reference (useable if Box 4b is Deletion of Inventor(s). checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and is considered as being part of the disclosure of the accompanying 1.33(b). application and is hereby incorporated by reference therein. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following: -- CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed entitled If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No:, 12. X Please address all written communications to Milton S. Sales, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to William R. Zimmerli at (585) 588-2758. The filing fee has been calculated as shown below: FOR: NO. FILED NO. EXTRA RATE **BASIC FEE** \$ 750 TOTAL CLAIMS - 20 = x 18 =\$ 198 INDEPENDENT CLAIMS 3 - 3 = 0 x 84 ≈ \$0 MULTIPLE DEPENDENT CLAIM PRESENTED \$0 +280TOTAL \$ 948 Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 948. A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225 A duplicate copy of this sheet is enclosed

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